

## Recommendations for Transitioning Registered Counselors into Licensed Mental Health Professionals

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Our goal is to include every Registered Counselor who wishes to be a mental health practitioner and practice independently in one of the Licensed Mental Health regulated categories.

### **Shared Values & Goals:**

1. We seek to protect the public via a readily recognizable and easily verifiable professional mental health credential. We seek to bring all those who identify themselves as “practicing mental health” under state regulation via a licensure tract.
2. We seek to protect the public by training and preparation via a thorough professional education, rigorous continuing education, and on-going supervision.
3. We seek to protect the public via strict self-regulation following the ethic codes of each profession as well as the state administrative codes.
4. We seek to open each profession to individuals who share these values and are willing to be trained as professionals and obtain licensure.
5. Our view is that anyone claiming to work as a mental health practitioner should be licensed within a defined period following graduation from an accredited graduate program that included a supervised internship from a licensed mental health professional.
6. We seek a “tiered” structure to obtain licensure and, possibly, even a tiered licensure structure itself.
7. We believe that all existing Registered Counselors should be allowed the opportunity to obtain licensure in one of the existing professions. Avenues to assist those willing to do so should be investigated and implemented where possible.

### **Discussion:**

We acknowledge that in a democratic society all services, including all human services, fall under the reality of “caveat-emptor” or “buyer-beware.” In most cases, it is the responsibility of the buyer to educate her/himself regarding the qualifications of the service provider as well as the quality of the services being provided. However, it is beyond the ability of most consumers of mental health care to determine the difference between a “registered” and a “licensed” mental health professional. The name and legal category of “Registered Counselor” (RC) is simply too broad for the public to use as an

indicator of professional ability. It is equally unwieldy for the state to regulate. The RC category does not guarantee a graduate education; a thorough and/or on-going professional training; or a unique level of proven expertise. In these ways, it leaves the public vulnerable to those who might take advantage of their unspecified professional abilities. It is this confusion and vulnerability that we seek to eliminate. Our shared view is that the public would be served best by requiring each person who desires to practice in a mental health capacity to obtain a license in one of the existing recognized professions.

To paraphrase something that was said in the DOH-RC Task Force meeting of July 20 2006, “Education does not equal ability.” We agree. However, that argument is only partially correct. We counter that a lack of professional education helps to ensure that those who choose to practice at the lowest levels of ability and ethical care will remain in practice unregulated while the public remains unprotected. Requiring a rigorous professional education ending in licensure emphasizing “best practices” and high ethical standards of care is a proven method to protect the public. It will help to:

- Raise the standard of care provided to the public, and
- Provide a foundation upon which to build a sound credentialing process that will help to protect the public.

**Suggestions** – Please refer to the present WAC’s delineating licensure requirements for each profession as a guide and/or as a minimum upon which to make the following changes as/if necessary:

1. Formal professional (i.e., graduate) education including an internship that meets the standards of educations as specified by the licensure criteria and supervised by a licensed professional would be a prerequisite to being on a licensure tract.
2. Each pre-licensure level would need to be attained within a limited time period or re-application and re-credentialing would be necessary.
3. Attaining intermediate levels of licensure would be time-defined in a similar manner.
4. To remain at the highest levels of licensure continuing education and, possibly, some supervision, would be necessary.
5. Should something less than a licensure-only tract be approved, we suggest that a blanket category, possibly identified as “Behavioral Health Intern / Technician / Associate” be adopted incorporating the following requirements:
  - a. A bachelors degree in a relevant field,
  - b. A minimum level of mental health and chemical dependency classes,
  - c. An internship supervised by a licensed professional of at least 200 hours during the required education,
  - d. One year of clinical experience supervised by a licensed professional following the completion of all academic requirements,
  - e. Bi-annual registration with the state incorporating all current requirements of Registered Counselors,

- f. A four to eight year time-limit (2-4 renewals) within which to pursue licensure or face forfeiture of said credential or re-credentialing following the steps b. through e. above.
- g. Clear disclosure statement that under this credential it is not legal to conduct psychotherapy with individuals, couples, or families,
- h. Full disclosure that this credential is not a license, does not imply professional knowledge, training, or ability, and should not be relied upon as such,
- i. Full disclosure that this credential is not eligible for malpractice or liability insurance of any kind.